

Medical neutrality

Doctors have a duty to treat the sick according to need, without fear or favour; but this can be a difficult duty to uphold in time of conflict. In legal terms the notion of 'medical neutrality' began after the battle of Solferino 140 years ago, when an inconclusive affray left 30 000 wounded and unattended on the field; a campaign began that ended in the Geneva Conventions, granting neutral status to the victims of war and their medical attendants. For some, a difficulty with medical neutrality is that it makes no distinction between victim and aggressor. Health workers will often side with the oppressed, and will then face special risks through belonging to the medical profession. Public health facilities are commonly selected as military targets, sometimes on the pretext that they shelter subversive elements. Moreover, health workers come into contact with individuals whose human rights are at risk and are apt to be selected by forces intent on making an example of community leaders¹. For these reasons, they tend to fare badly. In Kosovo health professionals were specifically targeted; and in East Timor the head of Caritas (which runs a critical health clinic) was killed, patients and doctors were intimidated and health facilities were militarized^{2,3}. To the profession's shame, see Dr Baron's paper on p. 588, there are also doctors who have collaborated with the forces of mass murder and genocide.

What can be done to protect and reinforce the special status of health workers? One campaign, supported by Physicians for Human Rights—UK, is to create a United Nations Special Rapporteur on the Independence and Integrity of Health Professionals. Launched three years

ago in The Netherlands it has since been adopted by a coalition of health and human rights organizations and the British Medical Association. The system of special rapporteurs is not new: originally it was conceived as a means of monitoring single issues—for example, summary and arbitrary executions, and torture. The task of the rapporteurs is to protect potential victims by taking immediate action, and to function at global level. The Special Rapporteur on the Independence and Integrity of Health Professionals might use a method akin to the thirteen-point monitoring formulated by the International Commission on Medical Neutrality⁴. Whatever the final formula, it will be based on the principle that patients must have unobstructed access to health services and health professionals must be allowed to work without mischievous interference. It might do little to stop the villains described by Dr Baron, but there are medical heroes in this story too, who deserve support.

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- 3 Physicians for Human Rights, USA. *Healthcare Situation Precarious as East Timor Nears Vote: Abuse of Physicians and Patients* [Press release] USA: PHR 24 August 1999
- 4 Devins J. *Medical Neutrality in International Law and Practice: Violations of Medical Neutrality*. Amsterdam: Thesis Publishers, 1992:104–23